

United States Government

Department of Energy
Oak Ridge Operations Office

memorandum

DATE: June 27, 2002

REPLY TO

ATTN OF: AD-442:Stotelmeyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR THU-HONG TRAN**

TO: All ORO, YSO, and OSTI Employees

Ms. Thu-Hong Tran, Electrical Engineer, Rocky Mountain Customer Service Region, Western Area Power Administration, has been approved as a leave recipient under the Voluntary Leave Transfer Program. Ms. Tran is in need of annual leave to avoid financial hardship while she recovers from a medical emergency.


Employees who wish to donate earned annual leave to Ms. Tran may do so by completing the "Leave Donation Form" on the reverse side of this announcement. **Note:** If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose." When completed, this form should be faxed to Maria Rivero-Folmar at 970-461-7299 or mailed to the following address:

ATTN: Maria River-Folmar
U.S. Department of Energy
Western Area Power Administration
P.O. Box 3700, J0001
Loveland, CO 80539-3003

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
2. The maximum annual leave donation by an employee is limited to one half the number of hours the donating employee will earn in the current leave year. (26-day category - 104 hours; 20-day category - 80 hours; 13-day category - 52 hours).

If you should have any questions, please contact your Human Resources Specialist.


Melanie M. Kent, Chief
Personnel and Management
Analysis Branch

Attachment

U.S. DEPARTMENT OF ENERGY
LEAVE DONATION

(Submit completed and signed original form to your timekeeper)

Donor's Name *(Last, First, M.I.)*

SSN

Donor's Organization

Recipient's Name

Tran, Thu-Hong

Recipient's Organization

**Rocky Mountain Customer Service Region
Western Area Power Administration**

For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office

I hereby authorize the transfer of _____ hours of my annual leave to the above named leave recipient, I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.

Donor's Signature

Date

Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account). _____

FOR PAYROLL USE

hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

Signature of Payroll Clerk

Date

hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

Signature of Payroll Clerk

Date

Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

Signature of Payroll Clerk

Date

Privacy Act Statement

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.